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ART. I.—ORGANISATION OF THE MEDICAL STAFF OF THE ARMY OF THE UNITED STATES.

We are indebted for the following communication to a medical officer of the army, to whom we have often had occasion to express our acknowledgments.

A surgeon-general, charged with the administration of the medical department of the service, and *ex-officio* inspector-general of hospitals, &c.,—stationed at general head quarters, Washington, D. C. Fifteen surgeons at the head quarters of regiments, except those acting as medical purveyors at New York and New Orleans. Sixty assistant surgeons, acting as surgeons to posts or doing duty with surgeons.

“To a general hospital, one non-commissioned officer as *steward* and one as *ward-master*, one *nurse* to every ten, one *matron* to every twenty, and one *cook* to every thirty patients. To an hospital where the command exceeds five companies, one non-commissioned officer as *steward* and *ward-master*, one *cook*, two *matrons*, and four *nurses*. To a post or garrison with one company, one private as *steward* and *ward-master*, one *nurse*, and one *matron*; for every two additional companies, one *nurse*. The *cooks* and *nurses* to be taken from the *privates* of the army. The non-commissioned officer, who acts as *steward* and *ward-master*, will receive twenty cents per day, extra pay; and the private fifteen cents per day, extra pay. The *matron* will receive six dollars per month and one ration per day.”—*Regulations Med. Dept. U. S. A.*

PAY, SUBSISTENCE, FORAGE, &c.

GRADE.	PAY.	SUBSISTENCE.	FORAGE.	SERVANTS.
	pr. month.	No. of rations per day.	No. of horses allowed.	No. allowed
Surgeon-General, \$2,500 per an.				
Surgeon of 10 years' standing.	\$50	8	3	2
“ under 10 “ “	50	4	3	2
Asst. surg. of 10 “ “	40	8	2	1
“ “ of 5 “ “	40	4	2	1
“ under 5 “ “	30	4	2	1

Servants are entitled to \$6 per month, one ration per day, and commutation for clothing at the rate of \$2.50 per month. Rations to officers and their servants are commuted at 20 cts. the ration; and forage at \$8 per month per horse.

QUARTERS AND FUEL.

GRADE.	ROOMS.			CORDS OF WOOD PER MONTH.	
	As quarters.	As office.	As kitchen.	From 1st May to 30th September.	From 1st Oct. to 30th April.
Surgeon-general.	4	—	1	1	4½
Surgeon.	3	—	1	1	3
Assistant surgeon of 5 year's standing.	2	—	1	1	2½
“ “ under 5 “ “	1	—	1	1	2

In time of war the oldest surgeon in the field generally acts as medical director.

“The assignment of surgeons and assistant surgeons to regiments and posts will be made by the secretary of war. When the circumstances of the service will permit, those who shall have served three years in their respective grades, will have choice of regiments and stations agreeably to rank, on written application through the surgeon-general, stating the reasons therefor, and the posts they may select in the order of preference; but no one will be transferred from the regiment or post to which he may have been assigned for the purpose of making room for another. When attached to an army in the field they will be assigned to duty by the commanding general.”—*Regulations Med. Dept. U. S. A.*

*Medical Board of Examination for Admittance into the Medical Staff,
U. S. Army.*

“The medical board will examine the qualifications of all persons who may be authorised or directed by the secretary of war to present themselves for that purpose, agreeably to instructions received from the surgeon-general, to whom they will report their opinion thereupon.

“In the execution of this duty they will rigidly scrutinise the pretensions of each candidate; taking into consideration his physical qualifications and moral habits, as well as his professional acquirements; and will report favourably upon no case admitting a reasonable doubt. The health and lives of the officers and soldiers are too important objects to be committed to ignorant and incompetent hands.

“They will report their positive merit in the several branches on which they may be examined, and their relative merit from the whole examination; agreeably to which they will receive appointment, and take rank in the department.

“When a candidate for appointment shall fail to receive a favourable report, he will, if desired, be entitled to a second examination, after the expiration of two years; and on a second failure will be dropped from the list of applicants.

“When an assistant surgeon shall fail to receive a favourable report, his connection with the medical staff will cease from that time. No allowance will be made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.”—*Regulations Med. Dept. U. S. Army.*

ART. II.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 263.)

No. 4.—*De Conceptione sine Concubitu.*

Amongst the enquiries into vulgar and common errors by Sir Thomas Brown,¹ that learned but quaint writer enquires, in his peculiar language, into the truth of the ancient statement concerning “the woman that conceived in a bath,” and enters into the following examination of certain points connected with the mode in which he thinks fecundation may be effected.

“The relation of *Averroes*, and now common in every mouth, of the woman that conceived in a bath, by attracting the sperm or seminal effluxion of a man admitted to bathe in some vicinity unto her, I have scarce faith to believe, and had I been of the jury, should have hardly thought I had found the father in the person that stood by her. ’Tis a new and unseconded way in history to fornicate at a distance, and much offendeth the rules of physick, which say, there is no generation without a joint emission, nor only a virtual, but corporal and carnal contactation. And although *Aristotle* and his adherents do cut off the one, who conceive no effectual ejaculation in women, yet in defence of the other they cannot be introduced. For if, as he delivereth, the inordinate longitude of the organ, though in its proper recipient, may be a means to improlificate the seed, surely the distance of place, with the commixture of an aqueous body, must prove an effectual impediment, and utterly prevent the success of a conception. And although it seems not impossible, that impregnation may succeed from seminal spirits, and vaporous irradiations containing the active principle, without material and gross emissions, as it happeneth sometimes in imperforated persons, and rare conceptions of some much under pubertie or fourteen; as may be also conjectured in the coition of some insects, wherein the female makes intrusion into the male; and as some would have it, from the continued occasion in hens, from one single tread of a cock, and little stock laid up near the vent, sufficient for durable proliferation, yet will not the same suffice to support the storie in question, wherein no corpulent emission is acknowledged, answerable unto the fable of the Talmudisk, in the storie of Benzira, begotten in the same manner on the daughter of the prophet *Jeremie*.”

The notion that impregnation is practicable by means of the *aura seminis* or “vaporous irradiations,” has been entertained by many, long since the time of Sir Thomas Brown; but the experiments of Spallanzani—were there no other objection to it—would have completely subverted this view, and have demonstrated it to be indispensable that there should be absolute contact between the sperm itself and an ovum in the ovarium of the female, ripe at the time for impregnation.²

It has, indeed, been a question oft agitated, whether a female may not be impregnated by the emission of sperm on the external parts of generation only. Some have maintained this to be possible; and it was in consequence of the existence of this idea, and of the agitation of the question in a contemporary German journal,³ that Dr. d’Outrepont, a distinguished obstetrical

¹ *Pseudodoxia Epidemica*; or enquiries into very many received tenets and commonly presumed truths. By Thomas Brown, Doctor of Physick. 3d edit. B. vii., chap. 16, p. 314. London, 1658.

² See the editor’s *Human Physiology*, vol. ii., p. 323. 2d edit. Philada., 1836.

³ *Wochenschrift für die gesammte Heilkunde*, von Casper, Jahrgang, Nos. 1, 2, und 3, 1835.

physiologist of Germany, has recently been led to publish his sentiments on the subject in the excellent journal of which he is one of the editors.¹

He asserts boldly, that he has never known conception to occur where the sperm was merely thrown externally,—that he has known many cases in which the fact of full copulation was denied, but in every one of them he satisfied himself, from the admission of one or other of the parties, that the male organ had been in the vagina, or at least within the vulva.

All experience shows, that, to fecundate, the sperm must be deposited in the vagina; yet a very small quantity appears to be at times sufficient, even that which passes through an aperture in the hymen, that may not be capable of admitting an object larger than a goose's quill, or through one yet smaller than this; but, in the present state of our knowledge, we may unhesitatingly reject the representations which we may be doomed to hear from parties concerned—of impregnation *sine concubitu*. Formerly, if the hymen was not broken so as to admit the male organ, the female was declared a virgin; the awkward and embarrassing case, however, at times presented itself, of such a virgin being actually impregnated. It is now admitted, that the presence of the hymen can no more be esteemed a positive evidence of virginity than its absence of incontinence.

ART. III.—MEDICAL TOPOGRAPHY—No. 6.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 261.)

Intermittent Neuralgia.—(Continued.)

GASTRALGIA.

The cases of gastralgia that we have met with in the Arkansas country were consequent upon ill treated intermittent fever,—*persons in whom an active emetic and purgative treatment had been pursued*. In all these there were evident signs of gastric inflammation, or a hyperæmic condition of the mucous lining of the stomach—probably consequent upon deranged nervous action. There was distension of the organ, with pain on pressure; white furred tongue; nausea; eructations; and in one case obstinate hiccup. In some cases the patient salivated profusely; but in the greater number, dry mouth, burning sensation in the fauces, and unquenchable thirst, were present.

The paroxysms of this form of affection were not so regular in their observance of periodicity as some other pains, but sufficiently so to indicate their malarious origin. Patients labouring under it had great sallowness and dryness of skin; their organic functions were imperfectly performed—frequently the liver was torpid and the stools consequently clayey or of a dysenteric or lienteric character, and voided with trouble; the urine sometimes red and scalding, but more often limpid and albuminous; the digestion was imperfect, especially so for fruit—which could be tasted in the mouth for several days after being eaten.

In the treatment of this disease we always had reference to the condition of the stomach. Low diet; cold mucilaginous drinks in small frequent

¹ *Neue Zeitschrift für Geburtshunde*, von Busch, d'Outrepont und Ritgen. Band. iv. Heft. 2, s. 165.

draughts; repeated emollient enemata; scarifications and cupping of the epigastrium, followed by emollient poultices,—in the greater number of cases relieved the stomach of its hyperæmic condition, and prepared it to receive tonics without danger. So soon as these could be exhibited without fear of gastric distress, we gave the sulphate of quinine in solution with sulphate of morphine and cherry-laurel water, or infusion of belladonna.¹ We sometimes gave the phosphate of quinine with confection of opium.² In all we enjoined the constant wearing, over the epigastrium, of a plaster of belladonna and iron—made by mixing intimately one part emplastr. belladonnæ with four parts emplastr. ferri.

Where the hepatic, cuticular, and renal functions were disordered, we used small doses of calomel with opium, ipecacuanha, and digitalis; directing at the same time mucilaginous drinks, frequent emollient enemata, general warm bathing, and occasionally nitro-muriatic or chlorine pediluvia—and only commenced the use of tonics when there were no further appearances of organic disorder.

We noticed sympathetic cardiac affection in some of our cases of gastralgia. In one, the heart palpitated so strongly as to lead the individual to suspect some organic affection of the circulatory apparatus; but the stethoscope betrayed no signs of disorder other than those of increase of action. This mental impression gave way with the disease on the re-establishment of the general health.

Not having any of the sub-nitrate of bismuth with us, we have never yet tested its effects in gastralgia. We are entirely satisfied, however, as have been our patients, with the treatment pursued: its success is its best commentary.

HYSTERALGIA.

No woman is more entitled to our sympathy than she who is afflicted with any of the forms of hysteria. Unfitted for the enjoyment of the socialities of life—cut off in a great measure from society, which by her exalted mind³ she is calculated to adorn—her situation is truly deplorable. Any additions to our information on this protean malady should be received with gratitude by the profession; and hailed as blessings upon the fairer portion of our race.

In our general observations on intermittent neuralgic affections we have already noticed the most prominent symptoms of hystericalgia, as it prevails in the south and southwest. In some cases that came under our observation, there was tenderness on pressure in the hypogastrium, and twisting and distressing bearing down pains, attended with dysmenorrhœal discharges.

In simple intermittent hysteria—uncomplicated with organic affection of the uterus—after gentle purgation by laxative electuaries or enemata—we

¹ R. Quiniæ sulphat. ℥i.

Solve in acid. sulphuric. aromat. gtt. xx.

et adde

Liquor. morphinæ sulphat. et aquæ lauro-cerasi aa f. 3 i. M.

Dose f. 3 ss. to f. 3 i. every four hours.

vel,

R. Quiniæ sulphat. ℥i.

Solve in acid. sulphuric aromat. gtt. xx.

et adde

Infus. belladonnæ 3 iv.

Dose f. 3 ii every three hours.

² R. Quiniæ phosphat. gr. x.

Opil confect. 3 i.

M. et ft. mass. in pil. xx. divid. Dose, one every three hours.

³ This disease has been noticed to occur more frequently in females whose mental powers are active. Of this I am convinced from observation, having seldom seen the affection in others.

commenced the tonic treatment, giving quinine and iron with some aromatic confection,¹ and generally in a few days had the satisfaction of seeing our patient entirely relieved. If called to a patient in the paroxysm, we directed the warm hip-bath, freed the bowels by an enema of warm water, and directed injections of the same through the vagina to the uterus, and afterwards opiated enemata *per anum et per vaginam*, which eased the pains and calmed her to quiet sleep.

When the disease was complicated with organic uterine affection, we experienced all the difficulties that such a case presents—especially at or about the menstrual term, when the disorder, if not controlled, becomes greatly aggravated. At this period, our ears have been pierced by the most heart-rending maniacal cries, and our feelings greatly wrought upon by the spectacle of a highly intellectual female in all the horrors of this agonising disease. For the patient—seen in a fit—a warm mustard pediluvium was directed, and cold dash to the head; warm poultices, or cloths wrung out of warm water, to the hypogastrium; injections of warm water, *per anum et per vaginam*, followed by the enema opii, with the tampon to retain it. Some women we had to cup, to relieve the turgescence of the womb, and prevent hysteritis. This was changed sometimes for a revulsive bleeding of a few ounces from the arm or foot. Our attention was mainly directed, in these cases, to the prevention of permanent organic disease;—cupping the hypogastrium, or topical depletion by relays of leeches, followed by emollient cataplasms and the use of the hip-bath, and frequent simple enemata, effected this object. The tonic treatment was then begun, and continued for some time after every vestige of the disease had been removed, with an *emplast. ferri et belladonnæ* constantly worn over the epigastrium for months after.

In some cases of intermittent hystericalgia, we found it desirable to break up its disposition to periodical return, even whilst the uterus continued in a morbid condition—so as to husband the strength of the constitution, so apt to become impaired by oft repeated attacks, trusting to after treatment to relieve the suffering organ. To prevent a recurrence of the nervous symptoms, we gave, in anticipation of the attack, a large dose of quinine in solution with some aromatic water, or a large dose of the prussiate or carbonate of iron with some anti-spasmodic mixture.

ART. IV.—TREATMENT OF SPRAINS BY FRICTION.

In a recent periodical,² there is an account, by Dr. Maignien, Chirurgien Aide-Major to the Special Military School of St. Cyr, of the advantages of treating sprains, even from the commencement, by friction and shampooing, (*massage*).

This plan—as the writer admits—is not new; but he says it was suggested to him by the homœopathic doctrines or indications. When treating of sorbefacients, we have elsewhere³ made the following remarks:—

“Friction is another remedy belonging to the division we are considering,

¹ R. Quinise sulphat. vel phosphat. ℥i.
Ferri ferro-cyanat. vel carbonat. ʒi.
Confect. Aromatic. ʒii.

M. et ft. mass in pil. xl. dividenda.

Dose, two every two hours, and six in the period next the time of the expected paroxysm.

² Gazette Médicale de Paris, December 3—10, 1836.

³ General Therapeutics, p. 328. Philadelphia, 1836.

and it is one had recourse to by the surgeon with signal benefit. After violent sprains, in which much fluid has been effused into the cellular membrane, there is no mode of medication which occasions the absorption of the effused fluid so rapidly as rubbing the part with the hand, simply dipped in flour or covered with some liniment. The object of dipping the hand in flour is to prevent the abrasion, which would necessarily result from the friction; and, in the generality of cases, liniments are of no other service. This at least applies to the simple oleaginous liniments; but, where exciting substances are added, some sorbefacient influence may be excited by them. To produce the full sorbefacient effect, in the cases I have mentioned, the friction must be continued for a long time,—for at least half an hour,—and it must be repeated as the case may require. In Scotland, there are old women who obtain a livelihood by this kind of ‘dry rubbing,’ and whose celebrity is such, that I have known a respectable patient go from a border county of England to Edinburgh to be operated on by them.”

ART. V.—TREATMENT OF ILEUS WITH BELLADONNA CLYSTERS.

BY DR. WAGNER, DISTRICT PHYSICIAN AT SCHLIEBEN.

Several cases of ileus successfully treated by belladonna clysters have been published by Dr. Wagner.¹ One of these may be sufficient to exhibit his method.

“On the 21st of April, Dr. Lohrenz, of Schönewalde, was called to visit a man, aged twenty-three, who had been complaining, since the 19th, of violent pains in the umbilical region. These came on periodically and were greatly exacerbated by pressure, so that the patient screamed out when touched. He had incessant retching; the abdomen was hard and tense, and he had been several days without an alvine evacuation. Bleeding, leeches, enemata, and various other internal and external remedies were employed without any effect; the symptoms increased in violence, and on the 22d he had subsultus, syncope, and stercoraceous vomiting. The abdomen was tympanitic and hard; the bowels obstinately costive; pulse scarcely perceptible; anxiety intolerable; and the body covered with a clammy sweat. Dr. Lohrenz now had recourse to clysters of belladonna.² At first one half of the lavement was injected, which, unlike the other enemata, was retained, and it had a marked effect in calming the violence of the symptoms. The countenance became more cheerful; the abdomen softer; and the pupils greatly dilated. Half an hour afterwards, the second half was injected, which produced the most decided improvement. It was speedily followed by copious evacuations from the bowels; the pulse rose; the pain and vomiting ceased; and next morning the patient felt quite restored, and since that time has not had any return of his complaint.”

In commenting on the cases published by Dr. Wagner, the learned editors of an excellent periodical³ have the following observation:—

“The foregoing cases show, that belladonna, like tobacco, is a remedy of great efficacy in subduing symptoms of ileus, connected with incarcerated

¹ *Journal der practischen Heilkunde*, von Hufeland und Osann. August, 1836.

² Dr. Wagner does not state the proportion of belladonna he employed; but, in another case, the enema was composed of a scruple of the belladonna herb, in four ounces of water, which was thrown up at once.—*Ed.*

³ *British and Foreign Medical Review*, No. 7, for July, 1837. p. 222.

hernia. It has also the advantage of relieving pain, without substituting for it the horrible sickness and sinking of the vital powers, which results from the use of tobacco. Two facts, however, connected with the history of belladonna, will always tend to diminish its applicability; viz., its tendency to accumulate in the system and then explode with fearful violence, and the well-known fact, that its specific powers vary in a remarkable degree according to the place in which it grows."

ART. VI.—ON THE TREATMENT OF IRITIS BY MERCURY.

In a memoir on iritis, recently published by M. Nichet,¹ Surgeon in Chief to the Charité, at Lyons, the author strongly recommends the use of mercury in iritis, pushed even to salivation. "Evacuations of blood," he observes, "emollient applications, the cautery on the temple, belladonna, and mercurial preparations, especially calomel, are the agents whose aid I have invoked almost exclusively in the cure of the cases of iritis which I have had to treat. General blood-letting calms the excessive irritation of the sanguineous system; the application of leeches moderates the pain of the eye and head, but it has little influence on the progress of the inflammation of the eye. The pain, indeed, is not long in returning, if, after bleeding, we restrict ourselves to the use of emollient applications and ordinary revulsives, such as pediluvia, cathartic clysters, and the cautery on the temple.

"But the remedy *par excellence*, the truly heroic agent in inflammation of the iris, at whatever stage it may have arrived, is calomel pushed to salivation. I can readily believe, that advantageous effects have been obtained from mercury in an alterative dose, but this can only be in very recent cases of iritis, in which the inflammation has not become deeply combined with the tissues. Now, in these cases, simple tumefaction of the gums, or a slight salivation of short duration, removes the disease in a truly astonishing manner. I can affirm, that in the interval which elapsed from the first dose of calomel to the moment when the gums became swollen, I have never observed the least change in the condition of the eye. The first amelioration has always coincided with the swelling of the mouth; but the flow of saliva has always been the signal for a favourable change. With the ptyalism the pupil has been seen to dilate, to approach the circular form, resume its mobility, and vision begin to be re-established when it was completely abolished, or improve when the sensation of light was not entirely lost; the aqueous humour became clear, the pus effused into the anterior chamber of the eye absorbed, and the injection of the outer membranes of the eye diminished and disappeared. This method," he adds, "agrees with every case of iritis whatever may be its duration. In acute iritis, copious evacuations of blood, general or local, and cutaneous revulsives may be substituted, if not with advantage at least with some chances of success; but in old cases, in those induced by the propagation internally of an old ocular and palpebral conjunctivitis, in those resulting from a long and laborious exertion of vision, or that have been preceded by dull pain in the eye or its vicinity, nothing, in all those cases, can equal the advantages of salivation. It is the last resource; it has restored sight in cases in which various and rational methods of treatment have completely failed."

The above views of M. Nichet on the use of mercury in iritis, and those of Dr. Marshall Hall on its use in inflammatory diseases,² as well as

¹ Gazette Médicale de Paris, Dec. 31, 1836.

² Principles of the Theory and Practice of Medicine, p. 98. London, 1837.

of Dr. Colles on the employment of the same agent in syphilis,¹ conflict with those we have been led to adopt, from experience, regarding the best method for securing the full advantages of mercury. In a recent work,² after having spoken of the agency of mercury in dispossessing the system of syphilis, and of other morbid catenations when of long continuance, we have remarked:—"In such cases, it is but necessary to affect the mouth; to occasion mercurial fetor of the breath; falling away of the gums from the teeth; and slight irritative fever,—in order that we may produce the full remedial influence of mercury. At one time, in syphilis, it was considered advisable to salivate the patient in proportion to the duration of the disease; and the same plan was adopted in other affections where mercury was conceived to be indicated. But it is now admitted, by almost all, that salivation is an evil, and that the good effects of the mercurial medication are not in a ratio with the quantity of the salivary discharge."

We may add, that we have never found it necessary to salivate the patient in any case, and we are therefore led to infer, from our own experience as well as from that of others, that it cannot be indispensable, notwithstanding the high authorities who recommend it.

ART. VII.—INTERMITTENT CURED BY LARGE DOSES OF SUBCARBONATE OF IRON.

M. Gimon, Physician at Thouars, Department of Deux-Sèvres, has recently published two cases elucidative of the effect of large doses of the subcarbonate of iron in long protracted intermittents, complicated with ascites and splenocoele or enlargement of the spleen.³ One of these occurred in a boy nine years old, and the other in a young man of twenty-one. Both had taken the sulphate of quinine in large doses, but ineffectually. To the former he prescribed twelve grains of the subcarbonate in the twenty-four hours, augmenting it by six grains daily. The treatment was commenced at the latter end of July, 1835, and the quantity taken in the day was pushed progressively to one ounce. In six months, the traces of ascites and splenocoele had disappeared, and the cure was complete. The subcarbonate was discontinued gradually by diminishing the dose.

In the second case the same dose was prescribed in the first instance, and it was ultimately carried to six drams with complete success.

BIBLIOGRAPHICAL NOTICES.

*Morgan's First Principles of Surgery.*⁴

Under the term "First Principles of Surgery," Mr. Morgan includes inflammation and its effects, with which—he properly remarks—the student should make himself familiar. The work contains such a clear and satis-

¹ See Colles's *Practical Observations on the Venereal Disease, and on the Use of Mercury*, p. 25, American Library edition. Philadelphia, 1837.

² *General Therapeutics*, p. 98. Philadelphia, 1836.

³ *Journal des Connoissances Medico-Chirurgicales*, Mai, 1837.

⁴ *First Principles of Surgery, being an outline of inflammation and its effects*. By Geo. T. Morgan, A. M., Lecturer on Surgery in Aberdeen. 8vo. pp. 210. Lond. 1837.

factory account of the theory, local symptoms, constitutional effects, terminations, &c., of inflammation, that we have considered it worthy of being put to one side for future question as to the propriety of publishing it in the "Library."

One of Mr. Morgan's objects was, "to furnish the surgical student with an outline of inflammation and its effects, brought down to the present period"—objects which he has accomplished in the most happy manner.

Medico-Chirurgical Transactions. Vol. XX.¹

There are few, if any, modern medical societies, the results of whose labours have been equally valuable with those of the Medico-Chirurgical—now the Royal Medico-Chirurgical—Society of London. Twenty volumes of its "Transactions" have been published, containing important contributions to medical and surgical science from the most distinguished members of the profession in Great Britain. The present volume contains seventeen contributions, amongst which may be indicated, as meriting special attention, the following:—On the Treatment of Injuries received on Dissection, by Mr. R. A. Stafford, of the St. Marylebone Infirmary; Pathological and Surgical Observations relating to Injuries of the Spinal Cord, by Sir Benjamin C. Brodie; Observations on some Tumours of the Mouth and Jaws, by Robert Liston, Esq.; of Inflammation, Chronic Disease, and Perforative Ulceration of the Cæcum, and of the Appendix Vermiformis Cæci, with Symptomatic Peritonitis and Fæcal Abscess, by Dr. J. Burne.

Some of these we design to reprint in the "Library."

Osborne on Dropsies.²

The author of this small volume—but with a long title-page—has given a concise account of all the diseases that are accompanied or followed by dropsical swellings, and has pointed out the different modes of treatment, which, in his experience, have been proved to be most successful.

We shall say no more of the work, than that we intend to publish it as a monograph in the "American Medical Library" as soon as space will permit.

Guy's Hospital Reports, No. IV.³

The fourth number of these valuable reports, emanating from the medical officers of one of the largest hospitals in the British metropolis, contains a large amount of useful matter, illustrated by excellent lithographic plates.

¹ Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society of London, for 1836, vol. xx. 8vo, pp. 402. Five plates. London, 1837.

² On the Nature and Treatment of Dropsical Diseases; in four parts. Parts 1 and 2. On Dropsies from Suppressed Perspiration and Diseased Kidney. Part 3. On Dropsies from Impediments to the Circulation. Part 4. On Dropsies from Topical Affections. By Jonathan Osborne, M. D., Fellow and late President of the King and Queen's College of Physicians in Ireland, &c. 2d edit., with considerable additions.

³ Guy's Hospital Reports, No. 4, April, 1837. Edited by George H. Barlow, M. A. and L. M., Trin. Col. Camb., Inceptor Candidate of the Royal College of Physicians, and Physician to the Surrey Dispensary; and James P. Babington, M. A., Trin. Col. Camb., Member of the Royal College of Surgeons. 8vo. pp. 310, with numerous plates. London, 1837.

The monographs are eight in number. 1. A Practical View of Lithotrity, with remarks on the lateral operation of lithotomy, by Mr. Aston Key; 2. Observations on the Diagnosis of Pneumonia, by Dr. Addison. Two Cases of Fatal Poisoning by Arsenious Acid, &c., by Mr. Alfred S. Taylor. An Essay on the Safety Valve Function of the Right Ventricle of the Human Heart, by Mr. T. W. King. An Experimental Enquiry respecting the Process of Reparation after Simple Fracture of Bones, by Mr. Bransby Cooper. Reports, &c., of Obstetrical Cases, &c., by Dr. Ashwell. Description of a Remarkable Specimen of Urinary Calculus, with some remarks on the Structure and Form of Urinary Calculi, by Dr. Hodgkin. On the Diagnosis of Tumours at the Base of the Brain, or where other parts of the brain and spinal cord suffer lesion from disease, by Dr. Bright.

Of some of these our readers may have an opportunity of forming a judgment hereafter.

Mutter's Case of Deformity of the Mouth.—The August number of the "American Journal of the Medical Sciences" contains a case of deformity of the mouth by contraction, from a burn, successfully operated on, by Dieffenbach's method, by Dr. T. D. Mutter, of this city.

The following is Dr. Mutter's account of the operation. It was performed on a child eleven years of age, and the contraction had existed since the commencement of the winter of 1835.

"The patient was seated in a low chair, with her head supported by her father, and exposed to a good light. Following the directions of Dieffenbach, I then introduced the extremity of the fore finger of my left hand into the mouth, and placed it under the left labial angle, which, by this means, was rendered prominent and sufficiently firm to permit the second step of the operation to be readily executed.

"This is accomplished by the introduction of one blade of a pair of narrow straight scissors into the substance of the cheek, between the mucous membrane and the other tissues, and a little above the commissure. The blade is then slowly pushed from before backwards, separating, as it passes along, the mucous membrane from the muscles and integuments until its point reaches the spot at which we wish to locate the new angle of the lips; the blades are then closed, and the parts included between them cut squarely and smoothly at a single stroke. The first incision being completed, the scissors were withdrawn, and a second one parallel and similar to the first, made in the lower lip; the distance between the two being about three lines. These incisions were then united at their posterior termination by a small crescentic section.

"By these cuts it is evident that a small strip of muscle and integument was insulated from the surrounding parts, and it only remained to separate it from the buccal mucous membrane, which was easily done by a single stroke of the scissors.

"The second step of the operation being thus finished on the left side, similar incisions were performed on the right.

"The next steps of the operation, and by far the most difficult of the whole, were the division into equal portions of the mucous membranes, the eversion of the flaps, and their attachment to the edges of the incisions just made, as well as to the red pellicle of each margin of the lips.

"To divide the membrane equally I separated the jaws of the child as much as possible, by which measure the former was put upon the stretch, and kept sufficiently firm to bear the operation of the scissors. The incisions in the membrane did not extend so far as those made in the muscles and skin, but stopped about three lines from the union of the latter. This

was done in order to make the outer portion of this tissue adapt itself accurately to the new commissure. The flaps were then brought out, reflected over the margins of the wounds and firmly attached to them by means of the twisted suture, the needles used being very short and fine. (It should be recollected that the membrane must be first attached to the commissure, by which measure we secure the proper adaptation of the flaps to the other parts.)

"Every thing having been properly adjusted, a common roller bandage was applied, as in cases of fracture of the lower jaw, in order to prevent any derangement of the wounds. The patient was then placed in bed with her head elevated, and as she had just before the operation eaten freely of some light food, ordered to take no nourishment of any kind until the next visit, and to be perfectly silent."

Prolapsus Ani and Prolapsus Uteri occurring together.—Dr. William Keul, of Welsh Run, Franklin County, Pa., writes to us, that he was lately sent for in great haste to see an old lady, whom he found labouring under prolapsus uteri et ani. To the former she had been subject, but the latter was new to her. The prolapsed parts were much inflamed; but by evacuating the bowels, and applying fomentations and solutions of acetate of lead, they were readily reduced. Dr. Keul has mentioned the case to us "as being somewhat singular and perhaps rare."

Dr. Dudley's Success in Lithotomy.—In an early number of this periodical,¹ we suggested to Dr. Dudley—as incredulity manifestly existed on account of the extraordinary success which he is said to have obtained from the operation of lithotomy—to publish a tabular view of all his cases, so that the profession might have a full opportunity for judging of the matter.

In a recent communication, by Dr. James M. Bush, Adjunct Professor of Anatomy in the Transylvania Medical School, we have the following observations, which may be regarded, we presume, as an authoritative answer on this subject.

"Professor D. has operated one hundred and fifty-three times; of this number, ten were females, six Africans, the remainder adults, youths, and children. One hundred and twenty-two have been attended in the same apartments, and nursed by the same individual, Robert Beatty. Six were operated upon out of the city, and twenty-five at different houses in Lexington, private and public. It has been suggested that a statistic table, containing names, residences, &c., should be published by the surgeon. It would not be a difficult matter to fabricate names, ages, residences, &c., and display them in a regular and formal table. But since he never has kept a catalogue of names of patients for any of his operations, he could not make out one third of the list who have been cured. Indeed two of the three last, who were cured of calculus, left him ignorant of the name of either; both being charity cases, there was no reason why their names should go into his account book. And just so with the majority of his stone cases; the larger part being paupers, and unable to pay a fee. But if it be questioned, that the accounts given of those operations are untrue, either from dishonest motives, or undesigned miscalculation, evidence sufficient to satisfy any candid and unprejudiced mind, even more ample and conclusive than a statistic list after the fashion of nostrum venders and certificate publishers can be given. Robert Beatty, who has kept a private hospital for Professor D. the last twenty years, and has nursed more than

¹ Intelligencer for June 1, 1837, p. 89.

one thousand patients, in different operations, can bear testimony, that one hundred and twenty-two calculous subjects have been attended in his wards, who were operated upon either in those rooms or in the amphitheatre of the medical college; and but four of this number are reported uncured; or rather, might we not say, did not enjoy a release of their calculi. It has been stated in the article, before alluded to, that out of the entire number operated upon only four died. And the circumstances of each case are detailed. Yet it is fair to state that in these few unsuccessful cases, the bladder had healed, or they lived through the time generally required for the closure of that organ. Chronic disease of the liver; pleurisy imprudently excited by the patient himself, when about to quit his bed; inflammation of the kidneys, with complete suspension of urine; and abscess of the same organ, which existed before the bladder was cut, were the prominent causes of failure in these four subjects.

"The following catalogue can be honestly presented, and were it necessary, sworn to:—

In Robt. Beatty's private hospital, Lexington,	122
Judge Hill, near Bardstown, Ky.,	1
Parson King, on the banks of the Cumberland, Ky.,	1
Parson McConnico and Mr. White, in Tennessee,	2
In Madison County, Ky.,	1
In Paris, Ky., Mr. Hughs,	1
At Wickliffe's Hotel, Lexington,	2
At Porter's Hotel, Lexington, Mr. Broadwell's son, of Ky.,	1
At a private house, Lexington, Mr. Moore, Nicholas city, Ky.,	1
" " " Jas. Bradford, of Tennessee,	1
At his house in Lexington, Mr. Bradford,	1
At Mr. Paul's in Lexington,	1
Private house, Lex., Mr. Porter's son,	1
" " negro boy of Mr. Shannon's, Louisville, Ky.,	1
" " negro boy of Mr. Rodes's, Richmond, Ky.,	1
At Mrs. Broom's, a little girl, Lex.,	1
At his own house, Lex., Mr. Vanpelt,	1
A private house, opposite Mr. Vanpelt's,	1
At a private house, Davis's son, Shippingport, Ky.,	1
Mr. Owen's, his own house, Lex.,	1
Negro boy of Mrs. Holloway's, private house, Lex.,	1
At Mrs. Mitchel's, Lex., a young lady from Tennessee,	1
Mr. Vigus's son in Lexington,	1
Mr. Tourman, private house, from Albany, Ind.,	1
At Mr. Moore's, Lex., L. Reser's little boy, Ky.,	1
At Professor D.'s office,	1
Mr. Ferguson's son, Lex.,	1
On upper street, Lex., a little girl,	1
At a private house, Lex., Mr. Thurston, of Ky.,	1
" " Market street, Lex., little girl,	1

Dr. Bush affirms, that "it is in the thorough preparation of his patients, that Professor Dudley has achieved such brilliant triumphs for the noble art of surgery."

Enormous Fibrous Tumour.—M. Guillon, physician at Cozes,¹ has described the case of a man, fifty-eight years of age, in whom two tumours became gradually developed in the abdomen and one in the scrotum—of the consequences of which he ultimately died. The colour, on a *post-mortem* examination, was of a pearly white; and the consistence such that

¹ La Presse Médicale, Avril, 1837.

it gave the same sensation on pressure as the soft and gelatinous animals—the *medusa*. It might have seemed, indeed, to contain hydatids; but, on cutting into it, its fibrous character was manifest. The tumour of the scrotum was much firmer than those of the abdomen.

The aggregate weight of the tumours was one hundred and twenty pounds.

Friction with Croton Oil in Hoarseness.—In a case of chronic hoarseness, with morbid secretion from the bronchial tubes, and cough, Dr. Sauer recommended that a few drops of the croton oil should be rubbed on the larynx. This produced inflammation of the skin, which lasted for fourteen days, but the hoarseness and other symptoms were wholly removed by it.¹

Brandreth's Pills.—A correspondent of the "Boston Medical and Surgical Journal,"² sends to the editor the following recipe, "which," he says, "was obtained from an individual in New York, who has the means of knowing that it is the prescription made use of in the manufacture of this celebrated nostrum."

R. Colocynth 3 iv.
Aloes ℥ii.
Gambog. ℥i.
Sapon. ℥ss.
Ol. menthæ. pip. f. 3 ii.
Ol. cinnam. f. 3 i. M.

Radix Vincetoxici in Dropsy.—The root of the *Aselepias Vincetoxicum*, "swallowwort,"—a European plant—has not been much used of late in medicine. Recently, Dr. Kleeman, formerly Physician to the Circle, at Hirschberg, has recommended it as one of the best antiphlogistics we have. An infusion of two to four ounces, made of two drams of the root, promotes the urinary and cutaneous secretions; and the decoction acts as an emetico-cathartic.³

Causes of Suicide.—The *Journal du Commerce* of Paris gives the following statistics of suicide in that Metropolis:—

"Of one hundred and twenty-five women who attempted self-destruction, but who were not able wholly to accomplish that fatal resolution, Dr. Scipion Pinel ascertained that six were driven to this desperate act by grief for having lost their children, two by fretting at not having any, nineteen by misery and dereliction, five by jealousy, seven in consequence of childbed, four by grief for being at the hospital, three by imitation, five by trifling quarrels, nine by political terrors in June, 1833, eleven by religious excitement, thirteen by disappointment in their marriages, three by remorse at having stolen, four by remorse at having deceived their husbands, thirteen in consequence of a disorderly life and prostitution, and twenty-one by the bad behaviour and

¹ Beiträgen zum Sanitäts-Berichte des Potsdamer Regierungs-Bezirks, und Medicinische Zeitung, No. 32. Aug. 10, 1836, s. 158.

² For Oct. 18, 1837, p. 178.

³ General-Sanitäts-Berichte für Schlesien, und Medicinische Zeitung, No. 51, December 21, 1836, s. 264.

ill-treatment of their husbands. In every one of these cases the confessions of these poor wretches are precious for science and morality. Another equally interesting circumstance is the manner of death they had adopted: Twenty-seven suffocated themselves with charcoal, fourteen threw themselves into the Seine, two took vitriol, twelve starved themselves, thirty-five attempted to jump out of their windows, five tried to strangle themselves, one to burn herself by setting her bed on fire, seven by inflicting wounds in their necks, five in their chests, one cut the arteries of her arm, twenty-one attempted to hang themselves. Suicide most frequently occurs between twenty-seven and forty years of age."

Bowdoin College.—Dr. Joseph Roby, of Boston, has been appointed Lecturer on Anatomy and Surgery, for the ensuing term, in the medical department of Bowdoin College, at Brunswick, Maine.

In noticing, in a commendatory manner, this appointment, the editor of the "Boston Medical and Surgical Journal"¹ adds the following pungent remark. "There are still several medical gentlemen in this city, who, were they transplanted three months in the year into the deserted lecture rooms of waning colleges, hither and thither, which might be named without slander, would rouse them from the Rip Van Winkle slumbers into which they have unhappily fallen, in consequence of trying to force professors upon the public in the character of great men, when the fact is notorious that some of them would appear to better advantage in less elevated stations."

Physiological Society.—It appears that a society has been formed in Boston, under the name of the "American Physiological Society," at which a course of lectures is delivered. The introductory discourse was given by Dr. B. Haskell, of south Boston, and has been highly commended.²

We are glad to see such institutions established. Living anatomy—*anatome animata*, as Haller termed it—must be regarded as the basis of all our pathological and therapeutical deductions. Without an acquaintance with the healthy manifestations we can know but little of the pathological aberrations; and without an adequate acquaintance with both, our therapeutical indications cannot be correctly established.

Medical Schools of Baltimore.—The editor of the "Boston Medical and Surgical Journal"³ errs when he affirms that there is any contest in Baltimore between the Regents' Faculty of Physic of the University of Maryland, and the Washington Medical College, as to which is the "legitimate Simon Pure." The contest is between the former body, consisting of the old professors of the faculty of physic, and the new professors, appointed by the trustees. Each of these claims to be *the* Faculty of Physic of the University of Maryland.⁴

The Washington Medical College is a separate and distinct institution; and if both the faculties of physic of the University of Maryland proceed to give lectures, as they have announced their intention of doing, there will be three medical schools in Baltimore during the ensuing winter.

¹ For Oct. 18th, 1837, p. 176.

² Boston Medical and Surgical Journal, Oct. 18th, 1837, p. 177.

³ Ibid. p. 177.

⁴ American Medical Intelligencer for Oct. 1, 1837, p. 253.

Remarkable effect of Creosote.—Dr. Buttmann, of Vietz, Circle of Landberg, has given the case of an old lady, upwards of seventy years of age, in which the use of the solution of creosote appears to have been followed by surprisingly beneficial effects. She had laboured for several years under œdema of both legs to such an extent as to interfere materially with progression. She experienced lancinating pains in both feet, and irregular paroxysms of fever. Many internal and external remedies had been employed in vain, when Dr. Buttmann, by way of experiment (*versuchsweise*), applied cataplasms of creosote, soon after which the swelling, very much to his astonishment, gradually disappeared, and with it the febrile attacks.¹

BOOKS RECEIVED.

From Dr. Ely Parry, the Treasurer of the Institution.—Introductory Lecture delivered at the opening of the Lancaster Conservatory of the Arts and Sciences and City Lyceum, on the evening of July 3d, 1837. By the Rev. C. Fr. Crusé. 12mo, pp. 28. Lancaster, 1837.

[A very creditable production. We thank the members of the "Conservatory" for the honour they have done us personally].

From Professor Hall.—Circular of the Regents' Medical Faculty of the University of Maryland. 8vo, pp. 8. Baltimore, 1837.

From the Author.—Thoughts on Schools of Medicine, their means of instruction, and modes of administration, with references to the schools of Louisville and Lexington. By Charles Caldwell, M. D. 8vo, pp. 32. Louisville, 1837.

From the Author.—Observations on the Operation of Lithotomy; illustrated by Cases from the practice of Professor B. W. Dudley. By James M. Bush, M. D., &c. (from the Transylvania Journal of Medicine). 8vo, pp. 21. Lexington, Ky., 1837.

From Professor Dunbar.—Circular of Washington Medical College of Baltimore, September, 1837. 8vo, pp. 8. Baltimore, 1837.

From Dr. Thos. Jefferson White, of St. Louis, Mo.—Act of Incorporation, Constitution, and By-Laws, of the Western Academy of Natural Sciences at St. Louis. 8vo, pp. 15. St. Louis, 1837.

Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society of London, for 1836. Vol. XX. 8vo, pp. 402. London, 1837.

Guy's Hospital Reports, No. 4, April, 1837. Edited by George H. Barlow, M. A. and L. M. Trin. Col. Camb., and James P. Babington, M. D., Trin. Col. Camb., &c. 8vo, pp. 310. London, 1837. Numerous plates.

Letter to Dr. A. Brigham on Animal Magnetism; being an account of a remarkable interview between the author and Miss Loraina Brackett while in a state of somnambulism. By William L. Stone, (with a motto). 8vo, pp. 66. New York, 1837.

From the Author.—Sketch of the Medical Topography of the Hundred of Penwith, comprising the district of the Landsend, in Cornwall. By John Forbes, M. D., F. R. S., &c. 8vo, pp. 229. Worcester, 1836.

[From Vols. II. and IV. of the Transactions of the Provincial Medical Association. An interesting account of a district of England much recommended to the consumptive, and which is the seat of numerous mines. The "Sketch" contains valuable contributions to the history of the diseases of miners].

¹ *Beitragen zum Sanitäts-Berichte des Frankfurter Regierungs-Bezirks, und Medicinische Zeitung*, No. 49, December 7, 1836, s. 252.